

South Yorkshire Housing Association Limited

Gardens Lane

Inspection report

32-34 Gardens Lane
Conisbrough
Doncaster
South Yorkshire
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

What life is like for people using this service:

Our last inspection took place in June 2016 when the service was rated good. At this inspection we found that the service continued to meet the characteristics of a good service in all the key questions.

The provider had systems in place to safeguard people from abuse. Staff knew what action to take if they suspected abuse. Risks associated with people's care were identified and managed appropriately and in a manner which did not unnecessarily restrict their freedoms. Accidents and incidents were monitored to identify and address any patterns or trends.

People were supported by sufficient numbers of staff who were knowledgeable about their needs and knew how to support them. Staff received appropriate training and support.

The registered provider had systems in place to ensure people received their medicine as prescribed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to maintain a balanced diet which met their needs and took account of their preferences. People had access to healthcare professionals as required.

We observed staff interacting with people and found they were kind and caring. Staff knew people well and responded to their needs in an understanding way. Through our observations and by looking at care and support plans, we found that people received personalised care which was responsive to their needs.

The provider had a complaints procedure in place and people were given opportunities to raise concerns.

The provider completed audits to ensure the service was running in line with their policies and procedures. People and their relatives were asked for feedback about the service and were kept up dated about any changes.

Further information is in the detailed findings below.

Rating at last inspection:
Good (Report published 4 August 2016)

About the service:

Gardens Lane is a 12-bedded home providing care and support to adults with learning disabilities. It consists of two bungalows within their own grounds, and is in the Conisbrough area of Doncaster. At the time of our inspection there were eight people using the service.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Why we inspected:

This was a planned comprehensive inspection based on the rating at the last inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Gardens Lane

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type

Gardens Lane is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection

The inspection was unannounced.

What we did:

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered provider. We also looked at the provider information return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We spoke with five people who used the service. We spent time observing staff interacting with people. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four staff including care workers, the deputy manager and a member of the senior team. We looked at documentation relating to four people who used the service, three staff files and information relating to the management of the service.

Is the service safe?

Our findings

People were safe and protected from avoidable harm. Legal requirements were met.

Safeguarding systems and processes.

- The provider had policies and procedures in place to safeguard people from abuse.
- Staff we spoke with had a good understanding of the safeguarding process and what action to take if they suspected abuse.

Assessing risk, safety monitoring and management.

- Risks associated with people's care and support had been identified and risk assessments were in place to minimise hazards.
- Staff we spoke with were aware of people's risks and knew how to support people in a safe way, whilst maintaining their freedom.
- People's care records had a personal emergency evacuation plan (PEEP) to ensure people were appropriately supported in an emergency. Staff and people were regularly involved in fire drills. The PEEP set out specific physical and communication requirements to ensure that they could be safely evacuated from the service in the event of an emergency.

Staffing levels.

- There were sufficient numbers of staff available to meet people's needs. On the day of our inspection we saw there were enough staff to ensure people received support in line with their assessed needs.
- The registered provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at three staff recruitment files and found two of them contained relevant checks. One staff file only contained one reference, we raised this with the provider who took appropriate action.

Using medicines safely.

- Staff were trained to handle medicines in a safe way and completed a competency assessment every year. This ensured their knowledge was up to date.
- Medicines were stored, administered and disposed of safely. Each person had a medication administration record (MAR). We found these were accurately completed and showed that people received their medicines as prescribed.
- People had a care plan in place regarding medicines. This gave details about how people liked to receive their medicines. For example, one person liked to take their medicines with water or juice.

- Medicines prescribed on an 'as and when required' basis (PRN), had protocols in place which informed staff of when the medicines were required. Flow charts were also in place to assist staff in the safe administration of PRN medicines.

Preventing and controlling infection

- The home was clean, well maintained and free from malodours. Staff received training in infection control.

Learning lessons when things go wrong

- We saw that accidents and incidents were recorded and monitored by the registered manager to ensure trends and patterns were identified. Any serious incidents triggered a structured review where senior managers within the company, reviewed the incident to identify if anything could have been done differently.

Is the service effective?

Our findings

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- People's needs were assessed and reviewed to ensure the support they received was delivered appropriately.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care and support records.
- Gardens Lane had a philosophy of care which aims to provide an ever improving, high quality, comprehensive service where individuals have a high standard of care.

Staff skills, knowledge and experience.

- Staff received appropriate training to complete their role. Staff we spoke with told us the training was interesting and helped them improve their knowledge.
- We spoke with staff and found they knew people well and had the skills to ensure their needs were met in accordance with their preferences.
- The provider had a training matrix which recorded training that staff had completed. We saw this had been reviewed by the provider in September 2018 and showed that training had taken place regularly. Training topics included emergency first aid, clinical records, conflict resolution, equality and diversity, fire, infection control, MCA, moving and handling, and safeguarding.
- Staff we spoke with felt supported by the management team and told us they received regular supervision sessions. These were one to one sessions with their line manager to discuss work related issues. We looked at three personal files and found that supervisions were recorded. Staff were also encouraged to raise concerns with the management team in-between supervisions if they wanted to discuss anything.

Supporting people to eat and drink enough with choice in a balanced diet.

- People were supported to maintain a healthy, balanced diet which met their needs and preferences.
- In one bungalow, people sat and discussed the menu for the following week selecting items people would like to see on the menu. In the other bungalow people preferred to have a planned four-week menu where changes took place if people preferred a different option.
- Risks associated with people's eating and drinking had been identified and appropriate actions were taken to help reduce the risk. For example, one person was at risk of choking and staff ensured they were supported appropriately.

Staff providing consistent, effective, timely care.

- People had access to healthcare professionals when required and were supported to maintain good healthcare. Care records we looked at evidenced that people had been referred to healthcare professionals such as, speech and language therapist (SALT), therapists and GP's. We saw that advice given by healthcare professionals was acted upon and included in people's care records.

Adapting service, design, decoration to meet people's needs.

- People had access to an outside space and used the garden especially in summer months.
- The service was accessible with wide corridors to facilitate wheelchair users. A ceiling track hoist was available throughout most of the service.
- People's bedrooms were designed around their preferences as they had input in choosing décor and furnishings for their room. People were proud of their personal space and some were happy to show us their room.

Ensuring consent to care and treatment in line with law and guidance.

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- Where people were deprived of their liberty the registered manager worked with the local authority to seek authorisation for this.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Is the service caring?

Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported.

- People we spoke with all told us they liked living at Gardens Lane. They told us the staff were lovely.
- We spent time observing staff interacting with people who used the service and found they were very supportive, kind and caring.

Supporting people to express their views and be involved in making decisions about their care.

- We observed staff supporting people in a way that took in to consideration their choices and preferences.
- People expressed their views and were actively involved in making decisions about their support and how they wanted to spend their day. For example, in one bungalow people expressed that they would like to watch a film. This was respected and staff put the film on. We saw that staff also joined in with this and we saw this had a positive impact on people who were using the service.
- People who used the service were assigned a member of staff who was their 'special interest worker.' Their role was to ensure the person's support was person-centred to meet their individual needs. They communicated with families where needed and supported people to fulfil their interests.

Respecting and promoting people's privacy, dignity and independence.

- Staff were passionate about ensuring people were at the centre of their care and support Staff respected people and ensured that their independence was promoted and that they lived the life they chose.
- We observed staff ensuring people's dignity and privacy was preserved. We saw staff rang the doorbell and waited to be invited in to the home. Staff ensured doors and curtains were closed when carrying out personal care.

Is the service responsive?

Our findings

People's needs were met through good organisation and delivery.

Personalised care.

- People had been involved in planning their care and support and their choices and preferences had been included.
- People's care records clearly explained how they liked to be supported. This ensured people received personalised care and support which met their needs. For example, one person had a care plan in place for communication. This stated that the person required staff to speak at a level and a pace that they would understand and to be patient and allow the person to respond. The plan also explained that staff should be aware of the sounds the person makes and watch body language and facial expressions to ascertain what the person wanted. On our inspection we observed staff following this guidance.
- People were supported to access the community and were involved in social activities both in and out of the service. One person liked going to church and staff supported them in this activity. On the day of our inspection people were enjoying putting the Christmas trimmings up whilst listening to Christmas songs.
- People had leisure and family support care plans in place which helped to ensure they took part in their chosen activities. One person enjoyed spending time with their family, themed nights at the service and going out for lunch with staff. The care plan explained how staff should support the person to achieve these goals.
- The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Signs, posters and notices were situated around the home in a way that people had access to information and could see and read items on display.

Improving care quality in response to complaints or concerns.

- The provider had a complaints procedure which was displayed in the home. Residents meetings were also held and gave people an opportunity to discuss any concerns they might have. The complaints procedure was available in an easy to read format.
- We spoke with the deputy manager who told us they had not received any complaints about the service. We saw a system was in place to deal with complaints appropriately if needed.

End of life care and support.

- At the time of our inspection no-one was receiving end of life care. However, we spoke with staff who explained how they had supported someone who had received this support.
- The staff member explained that they ensured the person was comfortable and had access to all relevant healthcare professionals.

- An end of life plan was drawn up which gave instructions regarding funeral arrangements and music, flowers etc.
- The provider felt It was important to support staff as well as the person on end of life care. The person did not have any family but staff ensured they offered one to one support as required but respected their wishes as sometimes they just wanted to be left alone.

Is the service well-led?

Our findings

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management.

- At the time of our inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- The registered manager was supported by a deputy manager and a team of senior staff. Staff we spoke with felt supported by the management team and felt able to raise issues.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- The management team and staff worked well together to ensure people receive personalised care which met their needs and took into consideration their preferences.
- Appropriate action was taken when things went wrong. The provider learned from incidents and ensured they were used in a positive way to improve the service.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements. Continuous learning and improving care.

- Monthly audits were completed by the provider and included looking at complaints, accidents and incidents, environmental issues, medication and records. Each monitoring visit also had a specific focus. For example, the audit completed in September 2018 focused on staff supervision and training. Any issues raised as part of the provider visit were discussed with the management team and an action plan put in place to address them.
- Staff we spoke with were clear about their roles and responsibilities and knew what decisions they could make and when they needed to seek advice from the management team.

Engaging and involving people using the service, the public and staff. Working in partnership with others.

- People had several opportunities where they could be involved in the service and raise their opinion about it. The service had a focus group where people from individual community homes, have access to speak with other people from other homes and share ideas and suggestions about how the homes can be improved. In addition, service user meetings took place which discussed tenancy, feedback from focus groups, update on actions from previous meetings, health and safety concerns.

- The provider worked in partnership with others to ensure people lived a full life.